

#### Public Utility Commission of Texas

1701 N. Congress Avenue P. O. Box 13326 Austin, Texas 78711-3326 (512) 936-7000 • (Fax) 936-7003 Web Site: www.puc.state.tx.us

## INSTRUCTIONS FOR THE INITIAL APPLICATION OR AMENDMENT OF A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY

Pursuant to PURA Section 66.003, any entity or person seeking to provide cable or video service in this state after September 1, 2005, shall file an application for a State-Issued Certificate of Franchise Authority with the Public Utility Commission of Texas (Commission).

An Application (New or Amendment to an existing certificate) consists of a title page, a completed affidavit, and complete responses to the questions on the application. Applicant shall file an original and six copies of its notarized application. In addition, the Applicant shall file the application electronically as required by the P.U.C. PROC. R. 22.72 (h). The submitted copies shall meet the following requirements:

- The submitted copies must be three-hole punched and bound in a loose-leaf binder.
- The docket number (if known), Applicant's name, and certificate number (if applicable) should appear on the spine of the notebook. The Applicant's name and a page number shall appear on each page of the application.
- Responses to all questions must be provided and must be amended promptly
  when changes occur. The specific amendment (six copies and one original) shall
  be filed in Central Records with the established Docket Number prominently
  displayed.

The application should be submitted to:

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326 (512) 936-7180

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# APPLICATION FOR A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY OR AMENDMENT TO A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY

	PROJECT NO	
C	PROJECT NO CERTIFICATE NO	(If applicable)
APPLICANT:		
AFFLICANI:		
Authorized Company F	Representative:	
NAME:		
TITLE:		
ADDRESS:		
TELEPHONE:	FAX:	
EMAIL ADDRESS:		
Regulatory Contact:		
NAME:		
TITLE:		

ADDRESS:	
TELEPHONE:	FAX:
EMAIL ADDRESS:	

Certificate of Franchise Authority Application for Cable and Video Service Providers

#### **AFFIDAVIT**

STATE OF _	
COUNTY O	F
Partner of _ facts state	ame is I am an Officer or a General My personal knowledge of the d herein has been derived from my employment with (Applicant).
Application competent t Application	ar or affirm that I have personal knowledge of the facts stated in this for a State-Issued Certificate of Franchise Authority, that I am to testify to them, and that I have the authority to make this on behalf of the Applicant. I further swear or affirm that [Name of Applicant]:
a.	has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable service or video service in Texas;
b.	agrees to comply with all applicable federal and state statutes and regulations;
c.	agrees to comply with all applicable municipal regulations regarding the use and occupation of public rights-of-way in the delivery of the cable service or video service, including the police powers of the municipalities in which the service is delivered;
d.	has in its application provided its principal place of business and the names of its principal executive officers; and
e.	has included in its application a true and accurate description of the service area footprint(s) it has requested to serve within any municipality(ies), as well as any unincorporated areas of Texas.
this Applica and correct.	ar or affirm that all of the statements and representations made in tion for a State-Issued Certificate of Franchise Authority are true I also swear or affirm that the [Name of inderstands and will comply with all requirements of law applicable

to a Cable and/or Video Service Provider's State-Issued Certificate of Franchise Authority.

		Signature and Title
		Typed or Printed Name and
		Title
	ORN TO AND SUBSCRIBED before	me on the,
20_	<del>.</del>	
		Notary Public In and For the State of
My	commission expires:	
1.	a. Check applicable category:	
	Cable Service Provider	
	Video Service Provider Cable and Video Service Pro	vider
	Amendment to original appl Certificate number issued by	
	b. If you are filing an amend following categories request	ment, please check one or more of the

 _ Name Change including DBA Addition or Change
_ Certificate Termination
Transfer in Ownership/Control
Modification of Description of Service Area
Other (Explain below)

- c. Provide a description of the changes for each item checked in "b" above.
- 2. Provide the following information:
  - a. Principal/business office address; (street address, city, state and zip code):
  - b. Main business telephone number:
  - c. Toll-free customer service telephone number:
  - d. Email address:
  - e. Fax number:
  - f. Mailing address, if different from principal/business address (street address, city, state and zip code):
  - g. Name and title of Applicant's principal executive officers.
- 3. State one principal name and any DBAs in which the Applicant requests the Commission to issue its certificate or in which the Applicant currently holds a Cable and/or Video Service Provider certification.
  - (NOTE: The certificated name can be the Applicant's legal name, a DBA, or an assumed name as long as the requested name is registered with the Secretary of State of Texas. The certificate holder must use only the name and DBAs set forth in its certificate on all bills, advertisements or communications with the public and the Commission. Name changes require notification to the Commission.)
- 4. This question is applicable to any Applicant which chooses to terminate an existing franchise agreement with a municipality(ies).
  - a. Does the Applicant or any affiliate of the Applicant currently provide cable or video service under a franchise agreement with a municipality? If the Applicant is terminating an existing agreement, has written notice been submitted to the municipality(ies)? Please attach a copy of the written notice that was submitted to the municipality(ies).
  - b. Please be advised that under section 66.004 (f) of PURA, it is a condition to the issuance and continuance of a State-Issued Certificate of Franchise Authority that the private contractual rights and obligations described in section 66.004 continue to be

honored, paid, or performed to the same extent as though the cable service provider continued to operate under its prior franchise or permit, for the duration of such State-Issued Certificate of Franchise Authority and any renewals or extensions thereof, and that the Applicant must agree. Thus, **if this question is applicable**, Applicant must affirmatively state its agreement herein.

- 5. Provide a detailed description of the requested Service Area Footprint (SAF). The requested SAF must include a detailed description of any municipality(ies) and/or unincorporated area(s). (SAF descriptions shall include one or more of the following: state line, county lines, municipalities/city limits, subdivisions, roadways, streets, blocks, street addresses, and metes and bounds.) Expansions to existing SAFs must be made by filing an amended application with a detailed description of the expansion. (For SAF amendments indicate the existing certificated SAF as well as any requested revisions to that existing SAF.)
- 6. As applicable, the Applicant agrees to provide the Commission with a written notification of termination of its State-Issued Certificate of Franchise Authority. In addition, the Applicant agrees to provide the Commission a copy of any Court order in which the Applicant's State-Issued Certificate of Franchise Authority has been revoked or modified by any Court of competent jurisdiction. The Applicant must affirmatively state its agreement with these two provisions herein.